

FILED OCT 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8705

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2129</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5215 Kensington Ave.</u>				e. STREET ADDRESS (If rural, give location) <u>5215 Kensington Ave.</u>			
3. NAME OF DECEASED (Type or Print) <u>WINIFRED</u>		a. (First)		b. (Middle)		c. (Last) <u>RAYMOND</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 13 1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Oct. 15, 1925</u>		9. AGE (In years last birthday) <u>24</u>		10. UNDER 1 YEAR Months _____		11. UNDER 1 YEAR Days _____	
12. BIRTHPLACE (State or foreign country) <u>Wichita, Kansas</u>		13. CITIZEN OF WHAT COUNTRY? <u>/</u>		14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		15. KIND OF BUSINESS OR INDUSTRY _____	
16. FATHER'S NAME <u>Fred McDonald</u>		17. MOTHER'S MAIDEN NAME <u>Unknown</u>		18. NAME OF HUSBAND OR WIFE <u>Arthur Raymond Jr.</u>		19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
20. SOCIAL SECURITY NO. _____		21. INFORMANT'S SIGNATURE OR NAME <u>Arthur Raymond Jr.</u>		22. ADDRESS <u>5215 Kensington</u>		23. MEDICAL CERTIFICATION	
24. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		25. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Tuberculosis</u> DUE TO (c) _____		26. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		27. INTERVAL BETWEEN ONSET AND DEATH	
28. DATE OF OPERATION _____		29. MAJOR FINDINGS OF OPERATION _____		30. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		31. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
32. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		33. CITY, TOWN, OR TOWNSHIP (COUNTY) <u>St. Louis</u> (STATE) <u>Mo.</u>		34. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		35. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
36. HOW DID INJURY OCCUR? _____		37. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.		38. SIGNATURE <u>Arthur Raymond Jr.</u> (Degree or title) _____		39. ADDRESS <u>1300 Clark</u>	
40. DATE SIGNED <u>10.14.50</u>		41. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		42. DATE <u>Oct. 16, 1950</u>		43. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cem.</u>	
44. LOCATION (City, town, or county) (State) <u>St. Louis Co; Mo.</u>		45. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u>		46. ADDRESS <u>4228 S. Kingshighway Bl.</u>		47. DATE REC'D BY LOCAL REG. <u>OCT 15 1950</u>	
48. REGISTRAR'S SIGNATURE <u>J. B. Farner</u>		49. (Licensed Embalmer's Statement on Reverse Side)		50. (Licensed Embalmer's Statement on Reverse Side)		51. (Licensed Embalmer's Statement on Reverse Side)	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed

Richard W. Stovesand

Signed.....
Student Embalmer

Licensed Embalmer No. 4007

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.